



Culture, Health & Sexuality

An International Journal for Research, Intervention and Care

ISSN: 1369-1058 (Print) 1464-5351 (Online) Journal homepage: <https://www.tandfonline.com/loi/tchs20>

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To cite this article: A. P. Hilário & A. C. Marques (2019): Trans youth in Portugal: gendered embodiments, Culture, Health & Sexuality

To link to this article: <https://doi.org/10.1080/13691058.2019.1649464>



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Published online: 23 Sep 2019.



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Trans youth in Portugal: gendered embodiments

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ABSTRACT

The lived gendered experience of trans youth constitutes a relatively overlooked aspect of current research. Addressing this gap, this study reveals how young trans people in Portugal define their identities and legitimate their bodies in daily life. Drawing on in-depth interviews with 12 Portuguese trans young people, this study focuses on how trans youth situate themselves within dominant paradigms for understanding (trans)gender identities and embodiment. In doing so, this study engages with wider discussion regarding transgender embodiment that aims to move beyond binary/non-binary gender divisions, as well as privilege the voices and lived experiences of trans people. As the study demonstrates, trans youth are able to (re)construct authentic and coherent gendered selves through the incorporation of a diverse range of frameworks available in contemporary society. Although these frameworks may sometimes seem incompatible and contradictory, trans youth demonstrate conditional forms of agency in the way they (re)create their gender identity and embodiment. By revealing the diversity of trans participant discourses, practices and embodiments of gender, this study makes a key contribution to research on trans youth in Portugal and beyond, as well as broader debates.

ARTICLE HISTORY

Received 18 September 2018
Accepted 25 July 2019

KEYWORDS

Trans people; physical transitions; embodiment; gender discourses; youth

Introduction

Trans¹ or transgender youth tend to be an invisible population in Portugal and elsewhere (Jenzen 2017; Saleiro 2017; Levitt and Ippolito 2014; Pollock and Eyre 2012). Nonetheless, trans youth tend to face greater pressures than trans adults because they are less likely to have control over their lives (Grossman, D'augelli and Salter 2006). Certainly, trans youth are more likely to self-harm, experience suicidal feelings (Roén 2019), engage in substance abuse and be forced into risky situations such as sex work (Grossman, D'augelli and Salter 2006). Trans youth are also likely to face stigma and discrimination from their family, neighbours, school colleagues, teachers and other members of the community (McDermott, Hughes and Rawlings 2018; Zeeman et al. 2017; Grossman, D'augelli and Salter 2006).

Within this context, trans youth often feel forced to construct an intelligible gender version of themselves in order to gain social validation and credibility, thereby

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avoiding being misunderstood and, possibly, mistreated by others (Davis 2009). In particular, they may feel the urge to position themselves within the two dominant paradigms for understanding transgender identities and embodiments: namely, the *wrong body* model and the *beyond the binary* model (Bettcher 2014). However, it is possible that neither of these models offers an adequate explanatory framework for the experience of some trans people in terms of gender discourse, embodiment and situated social interaction. In particular, in contrast to older generations, contemporary trans youth are more likely to access mediated and/or virtual symbolic others who may help them come to terms with their trans identity (Roen 2019; Halberstam 2018; Darwin 2017; Psihopaidas 2017).

Trans youth gender identities and embodiments need to be understood in the larger socio-cultural context that informs wider (trans)gender processes and thus conditions their lived gendered experiences, practices and representations (Irving et al. 2017; Connell 2012; Sanger 2010; Davis 2009). Psihopaidas (2017, 416) has called for 'more research that actually accounts for the lived realities of trans populations'. Accordingly, this study examines how trans youth in Portugal situate themselves within dominant paradigms for understanding (trans)gender identities and embodiments. Portugal offers an important context in which to explore these issues as the country has been at the forefront of LGBTI rights in both Europe and the world. For example, in 2011, Portugal implemented a gender identity law intended to facilitate legal sex and name changes by removing the obligation to undergo a sex change – such as hormone replacement therapy or gender-affirming surgery – for such changes to be recognised (see Law No. 7/2011).² At the end of 2018, Portugal approved a legal gender recognition procedure based on self-determination that enables a separation between medical and legal gender recognition for Portuguese nationals aged 18 years or above (see Decree-Law No. 203/XIII).³

The lived gendered experiences of trans youth remains a relatively overlooked aspect of current scholarship. This study addresses this gap by showing how trans youth in Portugal define their identities and legitimate their bodies in their daily lives. After a brief introduction to the medical and political narratives of trans embodiment, the major aims of the TRANSRIGHTS project are outlined and the methodological strategies described. This is followed by discussion of the ways in which trans youth have oriented themselves towards different frameworks in the (re)creation of their gender embodiment and their discursive gendered self-identifications. This study concludes by stressing the agentic and strategic – albeit conditional – ways in which trans youth draw upon existing plural narratives, models and/or institutions (Davy 2019; Psihopaidas 2017; Davis 2009; Heyes 2003) in a society which strongly upholds the gender binary and cis heteronormative attitudes (Santos 2013).

Background

Medical understandings of trans identities and embodiments

The normative assumption that the gender assigned at birth, gender identity and biological sex are aligned (Linander et al. 2017a) has been shaped by the medical establishment through the power attributed to doctors on behalf of society more generally.

Trans people's experiences of breaking with this normative assumption have thus been influenced by the medical establishment, including controlled access to gender-affirming medical procedures (Davis, Dewey and Murphy 2016). Medical practitioners have been accused of employing a gatekeeping role, limiting the attribution of a Gender Dysphoria diagnosis to trans people who conform to the ideal of the 'true transsexual' (Dewey and Gesbeck 2017; McQueen 2016). This ideal is based on the notion that one's assigned gender at birth, one's gender identity and biological sex characteristics should be aligned. Therefore, the proof of 'authenticity' draws on the desire of an individual to rid themselves of their existing genitalia through gender-affirming surgery (Davis, Dewey and Murphy 2016).

Underlying such medical practices are two broader cis heteronormative beliefs: first, that gender identity follows from genitalia (Westbrook and Schilt 2014); second, that gender is something fixed and stable across the life course (McQueen 2016). Because of this, while some trans people may wish to display their gendered selves within the framework of gender binaries (Marques 2019), others may feel pressured to conform to dominant gender normativities – that is, to align their bodies in accordance with the ideal of the female-bodied woman and male-bodied man (Davis, Dewey and Murphy 2016). The medical narrative appears to draw upon what Bettcher (2014) calls the 'wrong body model', within which trans people are said to be born in the wrong body and thus need to change it in order to realise their 'true' selves (McQueen 2016). The privileging of the medical model can be illustrated by what Johnson (2016) calls 'transnormativity' in the form of:

a hegemonic ideology that structures transgender experience, identification and narratives into a hierarchy of legitimacy that is dependent upon a binary model and its accompanying standards, regardless of individual transgender people's interest in or intention to undertake medical transition. (Johnson 2016, 466)

Until recently, the wrong body model has been the dominant explanatory framework for understanding trans identities and embodiments both within and beyond the medical sector (Psihopaidas 2017; Johnson 2015; Bettcher 2014).

The emergence of new narratives for understanding trans experiences

Notwithstanding the significant influence of the medical framework, new narratives calling for the visibility of trans people and recognition of gender diversity have emerged since the 1990s (Pearce, Steinberg and Moon 2019; Stryker 2018 [2008]; Bettcher 2014; Davis 2009). Within the context of trans and gender-diverse social movements, these narratives seek to deconstruct arguably ubiquitous gender binaries and cis heteronormativities, while challenging dominant perceptions of trans and gender-diverse people and the continuing discrimination and violence they face (Pearce, Steinberg and Moon 2019; Darwin 2017; Bettcher 2014; Westbrook and Schilt 2014; Sanger 2010). The medical construction of trans bodies is strongly criticised within these alternative political narratives, insofar as medical interventions are seen as transforming potentially disruptive trans bodies into normative ones. According to these narratives, those who follow the medical model – even if for reasons of safety and/or practicality – can be deemed 'guilty' of rejecting their trans identities and complying

with dominant gender cis heteronormativity (Cromwell 2006). Influenced by post-structuralist approaches and against 'medicalised' positions of fixed bodies and identities, transgender activists and/or academics stress the fluidity, flexibility, mutability, transgressiveness and performative aspects of gender embodiments, expressions and selves, while focusing on processes of becoming (Halberstam 2018).

Despite the importance of these political narratives in academic, artistic and activist contexts, the beyond the binary model has been criticised for focusing on identity politics better suited to Anglo-Saxon contexts, as well as an atomisation of individuals that fails to take into account their material circumstances or their geographical, socio-political, cultural and historical contexts (Irving et al. 2017; Bettcher 2014; Connell 2012; Davis 2009; Heyes 2003). Moreover, even if the beyond the binary model established by trans politics opens up space for those who have a non-binary gender construction, it does not offer room for trans people who identify as a man or woman but who do not wish to change their bodies according to the wrong body model – that is, those who do not wish to undergo gender-affirming medical procedures, particularly genital reconstruction. The identities of these trans people appear incompatible with both the wrong body model and the beyond the binary model (Bettcher 2014). Indeed, to a certain extent, both these explanatory models/frameworks may 'force' trans people into positioning themselves as either 'truly' a man, or a woman, or neither. Rather than positioning themselves in accordance with a specific model, trans people may engage in efforts to create 'spaces' that help them intelligibly understand their gender identities and embodiments (Psihopaidas 2017). However, how these models are used by trans youth remains relatively overlooked, with little consideration being given to the lived experiences of trans young people and how yet other frameworks might emerge. Addressing this gap, this study elucidates how trans youth in Portugal make sense of the different models/frameworks available to construct an intelligible version of their gender identity and embodiment.

Methods

This study draws on data from a wider international project entitled TRANSRIGHTS: Gender Citizenship and Sexual Rights in Europe: Transgender Lives in Transnational Perspective.⁴ Exploring trans lives in Europe, the TRANSRIGHTS project has sought to critically evaluate concepts of gender and citizenship by focusing on the experiences of trans and gender-diverse people from five European countries – France, the Netherlands, Portugal, Sweden and UK – and the legal and institutional arrangements that frame the lives of trans people. Since the study reported on in this paper sought a more in-depth understanding of Portuguese trans youth, it uses data from within this context only, examining how informants navigate a complex context comprising both significant cis heteronormativity and recent but highly influential forms of LGBTI activism.

Fieldwork was conducted between 2015 and 2016. At that time, trans people who obtained a medical report confirming a Gender Dysphoria diagnosis⁵ were able to access gender-affirming medical intervention⁶ – such as breast removal/augmentation, hormone replacement therapy and psychological/psychiatric counselling – in five

public hospitals across the country, although genital surgery was only available in a state-funded university hospital located in Coimbra (Hilário 2018). This followed the clinical guidance established in the DSM-5, which is published by the American Psychiatric Association (2013).⁷ Additionally, in order for trans people to legally change their gender and name, the Gender Dysphoria diagnosis had to be signed by two independent practitioners from a list approved by the Medical Council.⁸ Of the participants in this study, seven had received a Gender Dysphoria diagnosis at the time of the interview.⁹

Initial contact with trans and gender-diverse people took place through LGBTI organisations and transgender activists. A snowball process allowed the TRANSRIGHTS team (consisting of three post-doctoral researchers and two research assistants) in Portugal to recruit additional participants. Individual interviews were conducted by members of the project team at a place of the participant's choosing. They lasted between one and five hours in length and were tape-recorded and transcribed. The findings presented in this study are based on 12 in-depth interviews conducted with trans young adults. Of these participants, six were assigned male at birth, while six were assigned female. Participants were between the ages of 18 and 29 years old, white and middle class. All participants were living in Portugal, predominantly in urban centres. While participants tended to have high levels of education, this did not necessarily translate into their occupying a high social position within the labour market. At the time of interview, several participants were still studying, some were unemployed or looking for their first job, while others were employed.

Participants varied with respect to self-identified gender; social, legal and/or physical gender transition; gender discourse, embodiment and expression; involvement with transgender communities; and their stance towards transgender politicised narratives (Table 1). All participants are referred to using pseudonyms, and any personal details that might identify them have been omitted. Ethical approval for the study was granted by the Instituto de Ciências Sociais, Universidade de Lisboa and the European Research Council Executive Agency. When approaching potential interviewees an interview information sheet and a consent form were provided. This ensured that potential participants were fully informed about the aims of the research project and that their participation was voluntary.

The study adopted a narrative approach (Chase 2011), in which participant narratives were used as a way of gaining access to trans experiences. Analysis was informed initially by concern for the following broad themes: gender discourses, emotions, embodiments and practices; social and bodily gender transition processes; discussion and experience with the healthcare system; and discussion and possible participation in trans and gender-diverse informal and/or activist groups. Analysis was conducted with the help of Maxqda 18. An initial reading of the interview transcripts was followed by several more focused readings. Multiple rounds of thematic coding took place (Bryman 2012). Initially, an open-ended coding that allowed for the emergence of first-order themes took place. Thereafter, more focused coding occurred, thereby reducing the amount of data to a number of core categories.

Findings

Three major themes were identified during the course of analysis: (1) the appropriation of a medical narrative; (2) the privileging of a non-binary explanatory framework;

Table 1. Socio-demographic characteristics, gender self-identification and assigned gender at birth.

Pseudonym	Age	Level of education	Work situation	Involvement in/with trans and/or gender-diverse groups	Self-assigned gender	Position towards the gender binary at time of interview	Assigned gender at birth
Micha	29	Higher education	Unemployed	Activist groups	Mixed gender; "trans", "FtX", "genderqueer", intergender	Non-binary	Female
Diniz	26	College/attended higher education	Student	Activist groups	"FtM"; transgender; genderqueer	Non-binary	Female
António	25	Higher education	Employed/manager	Informal support	Man; transgender man	Binary	Female
Lé	22	Attending higher education	Employed/hospitality	Activist groups	"FtM"; transgender man; genderqueer; gender-fluid	Non-binary	Female
Gustavo	21	High school	Unemployed	Informal support	Man; transsexual man	Binary	Female
Daniel	25	Higher education	Employed/manager	No involvement	Man	Binary	Female
Renata	29	High school	Employed/education	Informal support	Woman	Binary	Male
Joana	24	Higher education	Unemployed	Activist groups	Woman; woman with transsexual past	Binary	Male
Ana	18	Attending higher education	Student	Activist groups	Genderqueer; transfeminine	Non-binary	Male
Alexandra/ Alex	28	Attending higher education	Employed/technical job	Activist groups	Girl; transgender woman; mixed gender; genderqueer	Non-binary	Male
Glória	22	High school/attended higher education	Unemployed	Activist groups	Woman; transsexual woman	Binary	Male
Maria	19	High school	Student	Activist groups/informal support	Woman; transgender woman	Binary	Male

and (3) the complexification of dualisms – that is, the creation of unified transgender selves from several different frameworks.

The appropriation of a medical narrative

The extent to which medicine permeates the identity and experiences of trans people was evident in the participant discourses. This was particularly clear when participants attributed a biological cause to the dissonance between their current gender identity and the gender assigned at birth. The sense that this misalignment was inborn and thus determined at the moment of conception was outlined by Daniel (25 years old) who spoke about a sense of destiny linked to being born in the wrong body:

I try to see things as if for some reason I was born with the wrong body. [...] For some reason I am like this; I was born like this. [...] Something must have happened during the gestation period or when I was developing in my mother's body. (Daniel, 25 years old)

Daniel's comment is pertinent in that it alludes to the notion that the misalignment of gender identity and the gender assigned at birth is something that remains stable throughout an individual's life (McQueen 2016). This same biological determinism was also explicit in the following comment by Gustavo (21 years old), regarding the dissonance between their assigned gender and gender identity:

I identify myself as a man, but at the moment, while I am transitioning, I am a transexual person. Bodily transition, not a mental one. Because mentally my brain is masculine. Simply my body is feminine. And it is transitioning to masculine. (Gustavo, 21 years old)

Through such narratives, young people incorporate the confluence between biological sex characteristics and gender identity that is still so pervasive in Western society (Westbrook and Schilt 2014). In this regard, the 'realignment' of an individual's body with their sense of gendered self tends to be associated with feelings of greater well-being (Levitt and Ippolito 2014). These feelings of well-being seem rooted in two processes. First, the individual begins to reconcile their body with their 'true' self (McQueen 2016). Second, the individual believes that others will also be able to recognise them as they truly are (Connell 2012), properly 'determining' (Westbrook and Schilt 2014) them to be a man or woman. Joana's case illustrates the importance that gender-affirming medical procedures have for some trans people:

It [hormone replacement therapy] had a very positive impact. It was very good. I was seeing some characteristics that were becoming stronger in my body. From facial hair to the rest of the body ... fat redistribution, breast developing ... All of that! I saw them as small victories that were taking me closer to the finishing line. It was an end line that would be reached with genital surgery. Having my genitalia meant having my body as I wanted it! (Joana, 24 years old)

This suggests that, despite its critiques, the wrong body model (Davis, Dewey and Murphy 2016; McQueen 2016; Johnson 2015) is being reinforced by a group of trans people who accept the legitimacy of medical knowledge with respect to trans identities. The following comment shows the importance that some trans people give to the attribution of a diagnosis, as this will enable them acquire trans-specific medical support. As Daniel (25 years old), notes:

Interviewer: Did you feel that they (the doctors) were helpful?

Daniel: Yes, yes. Mainly they (the doctors) gave me the answers that I wanted. Because if it was not transsexuality, I doubt that they would take care of my problem. The (doctor) gave me the answer that I needed. [...]

Interviewer: And how did you feel when you finally [had the diagnosis]?

Daniel: I got more relaxed. That is, whereas before I was looking for a light at the end of the tunnel, finally I started seeing the light. (Daniel, 25 years old)

For some trans youth, a Gender Dysphoria diagnosis provides a sense of 'authenticity' (Davis, Dewey and Murphy 2016), often helping to justify past experiences of estrangement. Having struggled with their gender identity from a very young age, Renata's diagnosis gave them an understanding of themselves that helped moderate their feelings of being 'different' from others, and which had caused them immense suffering and emotional distress:

I was already at a stage where I felt ... I felt I was not normal! [...] That I could only be crazy! [...] From the moment I was told: In your specific case it is normal, because of such, such and such. You are not crazy! It is not something that you invented. You are not the only one; you are not alone. Just that was like lifting a weight from my shoulders. It was very, very positive! (Renata, 29 years old)

As evidenced above, the medical framework offers some trans youth an intelligible explanation for their feelings, thus helping them gain social support and acceptance. However, while this might be true for some trans people, gender may be less rigid for others who have no wish to position themselves as a man or woman according to the gender binary framework.

The privileging of a non-binary explanatory framework

Some young people do not consider gender-affirming medical procedures a solution or even desirable because gender binaries are not thought of as providing 'safe' spaces of belonging (Roen 2019). Such trans youth may try to disrupt gender binaries through gender discourses, display and/or embodiments that are considered subversive, such as the mixing together of what are generally perceived as feminine and masculine gender markers (Marques 2019; Halberstam 2018; Darwin 2017; Davis 2009).

For instance, Micha (29 years old) described themselves in a non-binary way: 'I'm trans, I'm non-binary, I'm FtX ... mmm ... I'm genderqueer and I personally refer to myself as a hybrid'. Micha did not feel the need for a physical transition through gender-affirming medical procedures, noting,

I feel a kind of a woman, a kind of a man but never ... never fully a woman, never fully a man, that's why I don't want to transition to a man, I don't feel like that. I feel I have a lot of both, that's why: hybrid. (Micha, 29 years old)

For Micha, transition has more to do with being able to be recognised as non-binary – that is, the process of becoming (Halberstam 2018) what they consider to be their current gender identity – than with medically altering their body. This was reflected in the following exchange:

Interviewer: Ok, thank you. And what do you think about the word 'transition'?

Micha: It can mean different things. Most of the time, for people it means gender transition, it means gender-affirming medical procedures, like hormones and surgeries. For me it can be wider. I feel in a transition even without taking hormones, or surgeries. I feel in a transition, because as I told you a year ago people would see me as a woman. Now it's less and less obvious, so it's a process and this is something I'm doing with my gender expression and tweaking things a little bit and things are changing and for me it's a transition, but it's not a medical transition. (Micha, 29 years old)

Self-identifying as genderqueer or non-binary within the spectrum of femininities, Ana recounted a narrative and told of embodied practices that were similar to those of Micha. Ana was not undergoing any kind of medicalised gender transition process but instead (re)created a 'non-binary' gender display by combining together feminine and masculine gender attributes (Marques 2019; Darwin 2017). Ana, for example, had long hair and sometimes wore feminine attire, accessories and make up, while maintaining facial hair as a sign of political significance. As Ana notes,

Is this a man or a woman?! This is the question that I hear the most from completely different people! But for myself it is super interesting and transgressive, because I don't give the people the comfort of being able to identify my gender. (Ana, 18 years old)

However, the processes of accountability associated with dominant gender binaries and cis heteronormativities (Marques 2019; Garrison 2018; Shuster 2017; Westbrook and Schilt 2014) had made Ana consider the possibility of undergoing some gender-affirming medical procedures. Ana considered this strategy a potentially 'safer' option than facing the discrimination, harassment and abuse that so many trans and gender-diverse people still suffer today (ILGA Portugal 2017).

Interviewer: Do you think that in the future you might change your body?

Ana: Yes. Actually, recently I have been thinking about several things, such as removing hair and taking hormones. But these are things that I still have a lot to think about.

Interviewer: [...] why are you thinking about the possibility of starting to take hormones or changing your body in the future?

Ana: [...] For two reasons. The first is the oldest and most obvious one: the question of effectively feeling more comfortable with my body and to identify myself more with it. On the other side, as previously said, I also recognise that there is also a significant question of social pressure ... Because, for example, when I express myself completely, I am never safe, I am ... I cannot ever afford to be relaxed. I am always wary: 'where am I? Who is here today?' etc. ... [...] The only days when I feel more comfortable and safer, especially safer, is when ... when I have an expression ... let's say a more masculine expression. [...] I would like to have one of those calmer days without having to become more masculine. That is being able to live my identity in every way, and not having my identity questioned. Because I like to do politics, but it is exhaustive to always be doing politics. (Ana, 18 years old)

Ana described gender-affirming medical procedures as important strategies in two ways: first, they may help 'construct' a gender embodiment they feel at 'home' with (Halberstam 2018); second, they help establish an intelligible version of themselves for others, thereby gaining social recognition (Connell 2012; Davis 2009). Pervasive cis heteronormativities and dominant gender binaries (Marques 2019; Garrison 2018; Shuster 2017; Westbrook and Schilt 2014) reinforced by the medical model remain influential across multiple social contexts (Johnson 2015). This leads some young people to

'surrender' to the influences of these paradigms and consider undergoing gender-affirming medical procedures and/or engaging with medicalised gender transitioning processes, such as by acquiring a Gender Dysphoria diagnosis.

The complexification of dualisms: creating unified transgender selves from different frameworks

Several of the young people interviewed were able to (re)create a coherent sense of self (Garrison 2018; Davis 2009; Mason-Schrock 1996) by drawing on putatively different frameworks regarding gender embodiment, expression and discourse (Davy 2019; Psihopaidas 2017). For instance, some participants drew on the medical narrative of the gender-transitioning process while contesting this in several ways. This was the case of António (25 years old) who changed their gender position and desire to undergo gender-affirming medical procedures during the course of a mental health assessment.

At a certain point of my ... of my process, I did identify more with it [the beyond the binary model]. That is, I had a period where I thought: 'I don't need to identify either with the masculine gender or with the feminine gender; because, at the end of the day, I am a mix of both things'. However, with ... throughout my path I started realising that it was not just that. There are people that do have that position [...]. In my case, I would say that I am in a mid-term and the masculine gender. (António, 25 years old)

António took this further, by adding:

For me, the only solution was ... it passed only through a total sex change! That is, I wanted a physical, genital and social change. In the first year I couldn't envisage any other idea. I really thought that I would take it to until the end. That is, that I would do all the transformations needed to change sex. [...] And that also changed throughout my path! (António, 25 years old)

The change described by António challenges the assumption of a stable gender – the dominant feature of the medical narrative. In António's opinion, the experience of waiting was helpful because it enabled them to rethink their gender position and their desire to undergo a gender-affirming medical procedure, particularly genital surgery. Nonetheless, this change had a cost: António was denied access to a Gender Dysphoria diagnosis and was thus unable to legally change their name and gender at the time.

Maria's narrative was also illustrative of how some trans youth strategically draw upon the various trans and gender-diverse narratives present in society. Maria had been under the supervision of specialised medical experts from within the Portuguese private health system, was using hormone replacement therapy and was planning to undergo gender-affirming surgeries. While knowing other young non-binary and gender-diverse people, Maria situated their gender identity within a binary framework and wanted to be recognised as a woman.

In terms of gender I self-define as a woman. Simply because of the circumstances, people categorise me as a trans woman. I think I am a woman with gender dysphoria; and as soon as that dysphoria is solved, I will become a regular woman. (Maria, 19 years old)

At first glance, Maria follows a dominant gender binary narrative. However, by deconstructing the traditional association between biological sex characteristics and gender identity, Maria complicates the meanings of womanhood they perceive as a

social construct: 'Throughout time, I incorporated the idea that a vagina does not make a woman, people are a lot more than a sexual organ, and that I could be a woman with a penis'. Maria's experience resonates with that of many other trans and gender-diverse people who, while not having undergone genital surgery (because they do not want to or are unable to), do not believe that 'genital configuration' undermines the 'facts about who [they] are' (Bettcher 2014, 388).

What seems evident from the narratives of these trans youth is their ability to incorporate the complexities and contradictions of different frameworks into a coherent sense of self identity. This act of agency thereby opens space to 'accommodate the emergence of new possibilities' (McNay 1999, 320). Importantly, some trans youth do not feel they have been born in the wrong body – as suggested by the medical model – or wish to disrupt gender binaries, as highlighted by the beyond the binary model. Neither of these models is suitable for understanding the gender self-identifications and embodiments of these trans people.

Discussion

This study sought to rectify the scarcity of information regarding the gender embodiment and lived experiences of trans youth in Portugal. In doing so, it places particular focus on the diverse and often strategic ways in which trans youth engage with different (trans)gender narratives. Trans young people live in a society where diverse models and narratives co-exist (Pearce, Steinberg and Moon 2019; Bettcher 2014), giving them the space to recreate their gendered selves, discourses and embodiments in situated and often contradictory ways (Davy 2019). While dominant in the accounts of trans youth, the medical narrative was not the only model used to legitimate the authenticity of their (trans)gender identities and embodiments. In a similar way to trans young people in Psihopaidas's (2017) study, participants in this study used several explanatory frameworks simultaneously to give meaning to their (trans)gender identities and experiences.

Trans youth face complex choices (Heyes 2003). In addition to having to navigate the constraints of the medical framework, the self-identifications and gender embodiments of trans youth are strongly conditioned by dominant gender binaries and cis heteronormativities (Linander et al. 2017a; Davis, Dewey and Murphy 2016; McQueen 2016; Johnson 2015). Even when the medical narrative failed to capture the identity and experiences of some of the trans youth interviewed in this study, they were able to strategically use medicine and its established diagnostic criteria to empower themselves and be taken seriously by cisgender people,¹⁰ as well as by other trans people within communities where the medical model is valued as a basis from which to distinguish 'authentic' trans people from others (Johnson 2015; Garrison 2018; Davis 2009; Dewey 2008). Several trans participants used their Gender Dysphoria diagnosis to gain social support and acceptance, helping them establish social credibility and legitimacy (Johnson 2018; Hilário 2017; Meadow 2011).

Thus, while some trans youth did want to be recognised as a man or woman and undergo gender-affirming medical procedures, others made strategic use of medicalisation in the context of 'transnormativity' (Johnson 2016) and gender accountability (Marques 2019; Garrison 2018; Shuster 2017). As such, creating gender displays that enable being

recognised as a man or woman – that is, ‘blending in’ (Marques 2019) – constitutes a central strategy of ‘surviving’ in a gender binary and heteronormative society, such as Portuguese society (Moon 2019; Garrison 2018; Shuster 2017; Wagner, Kunkel and Compton 2016; Santos 2013). This is an important finding as it confirms Linander et al.’s (2017b) argument that individuals who identify as non-binary may also be interested in gender-affirming medical procedures. To effectively address the needs of trans individuals, it is important to replace the current emphasis on gender conformity in trans-specific healthcare with a more affirming/conforming approach (Linander et al. 2017b).

The study’s findings contradict those of Garrison (2018), who claims that trans people who conform with the ideal of the wrong body model are more likely to challenge dominant gender normativities and break gender stereotypes than those who identify as non-binary. However, the accounts of the participants in this study suggest that there is limited room for action for trans youth who do not intend to adhere to cis heteronormativities (Linander et al. 2017b), particularly those who do not present a fixed and stable gender identity. Indeed, in this study only a minority of trans youth were able to express themselves in a more non-binary, gender-diverse way – perhaps due to ‘structural limitations’ hindering the possibility of everyday lived experiences beyond the binary (Moon 2019, 58). Taking into consideration the gender binary and heteronormative context of Portugal (Santos 2013), the findings of this study are not entirely surprising in so far as trans people have to selectively ‘choose’ the spaces in which to present themselves as trans, particularly as non-binary identifying individuals. Despite recent developments concerning the self-definition of gender identification in Portugal, there remains major discrimination against LGBTI people in the country, with trans people being subjected to several forms of physical and, especially, verbal abuse (ILGA Portugal 2017).

This study contributes to the existing discussion on transgender studies by highlighting the lived gendered experiences of trans youth in Portugal. It engages with wider discussions of conditional, ongoing processes of transgender embodiment and narrative that seek to move beyond gender binary/non-binary divides, and which privilege trans people’s voices and lived experiences (Davy 2019; Psihopaidas 2017; Bettcher 2014; Connell 2012; Davis 2009). In particular, the study stresses the agency of trans youth in creating their own gender-discursive and embodied selves by drawing upon a plurality of narratives, models and/or institutions in active and creative ways – even in the conditional contexts of a highly cis heteronormative social world (Davy 2019; Psihopaidas 2017; Davis 2009; Heyes 2003) such as can be found in Portugal (Santos 2013).

Conclusion

This study demonstrates how trans young people can create their own gender-discursive and embodied selves drawing upon a plurality of narratives, models and/or institutions in active and creative, albeit in conditional, ways (Davy 2019; Psihopaidas 2017). Notwithstanding the importance of the wrong body and beyond the binary models, it is necessary to underscore that, as mentioned before and demonstrated by other studies (Davy 2019; Psihopaidas 2017; Davis 2009), trans youth can (re)construct a sense of ‘authentic’ and coherent gendered self (Mason-Schrock 1996) through the incorporation of a diverse range of frameworks existing in contemporary societies.

Although these different frameworks may often seem incompatible and contradictory, trans youth exhibit agency (Marques 2019; Nygren, Öhman and Olofsson 2016; Davis 2009) in the way in which they (re)create their gender identities and embodiments. Arguably, by showing the diversity of the participants' discourses, practices and embodiments of gender, this study critically contributes to ongoing research and debate on trans youth in Portugal and elsewhere. Findings underscore the significant ways in which trans youth in Portugal actively use different frameworks in strategic and varying ways that best suit their personal experiences and context. This is an important finding as it shows that, despite their tendency to be a vulnerable group, trans youth are powerful, strategic and agentic subjects able to use different explanatory frameworks to create intelligible versions of their gender identity.

These findings notwithstanding, further research is needed to better grasp the social changes occurring with respect to gender identity issues in Portuguese society, particularly since the approval of the law on gender self-determination. Longitudinal research is also needed to develop understanding of how trans people's gendered identities, discourses, embodiments and experiences change throughout the life course.

Notes

1. This study uses the term 'trans' or 'transgender' to refer to people who feel a dissonance between the assigned gender at birth and their gender identity. The term broadly describes different gender identities and expressions within a binary or non-binary gender framework (Sanger 2010).
2. Available at: <https://dre.pt/pesquisa/-/search/278187/details/maximized>
3. Available at: <http://app.parlamento.pt/webutils/docs/doc.pdf?path=6148523063446f764c324679595842774f6a63334e7a637664326c755a47566a636d563062334d7657456c4a5353396b5a574d794d444d7457456c4a5353356b62324d3d&fich=dec203-XIII.doc&inline=true>
4. For more information on the TRANSRIGHTS project, see <https://transrightseurope.com>
5. The DSM-5 describes gender dysphoria as the 'distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender' (American Psychiatric Association 2013, 451).
6. While voice therapy, body hair removal and other non-medical procedures (e.g. tucking and/or binding) may be enough for some trans individuals, others may wish to undergo gender-affirming medical procedures (e.g. hormone replacement therapy, breast removal/augmentation and/or genital surgery).
7. Amendments to the DSM were made in the updated version of ICD-11 released on 18 June 2018. In this respect, the term 'gender dysphoria' has been replaced by 'gender incongruence' and placed under the umbrella of conditions relating to sexual health.
8. Available at: http://www.irn.mj.pt/IRN/sections/irn/a_registral/registo-civil/docs-do-civil/lista-de-clinicos/downloadFile/file/Lista_profissionais_habilitados_assinar_relatorios.pdf?nocache=1436274751.05
9. For a brief characterisation of the interviewees, see Table 1.
10. This study uses the term 'cisgender' to address individuals whose gender identity, biological sex and sexuality are aligned and in accordance with heteronormative expectations (Sanger 2010).

Acknowledgements

This study draws on data collected as part of the European Research Council-funded TRANSRIGHTS: Gender citizenship and sexual rights in Europe: Transgender lives in transnational

perspective project. This study reflects the views of the authors alone and not those of the funder of the European Union. We express our gratitude to the TRANSRIGHTS Coordinator Sofia Aboim and to all members of the TRANSRIGHTS team. We also thank the trans people who agreed to take part in the TRANSRIGHTS project.

Disclosure statement

No potential conflict of interest was reported by the authors.

Funding

This study was supported by the European Research Council under the European Union's Seventh Framework Programme, FP7/2007–2013 (ERC grant agreement No. 615594).

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